Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10				[	RATE	FEE	]	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			10 min	us 20=	*	.0	ı	X\$ 9=	,	OR	X\$18≃	
INDEPENDENT CLAIMS			10 mi	nus 3 =	*	7		X42=	294	OR	X84=	
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT			. 🔲		+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2			669	OR	TOTAL	
CLAIMS AS AMENDED - PART II									007	10,,	OTHER	THAN
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84≃	
┞	FIRST PRESE	NTATION OF M	OLTIPLE DEF	LNDENT	CLAIM		ŀſ	+140=		OR	+280=	
								TOTAL ADDIT. FEE			TOTAL	
_	(Column 1) (Column 2) (Column 3)								<u></u>	1 ~.,	ADDIT. FEE	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	F OL 411:	=		X42=		OR	X84=	
	I LINO I PRESE	INTATION OF M	OLITE DE	CNDEN	CLAIM		<b>ا</b> ا	+140=		OR	+280=	
								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
	<u></u>	(Column 3)		ADDII, FEE I		-	AUDII, FEE					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME.	Independent	*	Minus	***		=	<b>]</b>	X42=		OR	X84=	
匚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI						<b>]</b>			UH		<del>                                     </del>
	If the entry in colu	Į	+140=		OR	+280=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE												
		nher Previously Pa					or for	ınd in the se	nronriata ha	v in aa	lumn 1	